



AFFIDAVIT
OF
AUTHENTICATED CERTIFICATE OF LIVE BIRTH
i.e. BIRTH RECORD OWNERSHIP

I, Montgomery: Damon-Ramon, The Grantor, private man, by accommodation for the Private Estate, Montgomery: Damon-Ramon, domiciled c/o near 103 Avery Street, Mount Clemens, MI [48043], declare that the facts stated below are true, correct, complete, to the best of my knowledge and belief, and that;

1. The Grantor is the Authenticated Register Owner of the property "**Birth Record**" indicated below:

Montgomery: Damon-Ramon, Estate, private, Michigan Republic, Detroit Department of Health, City of Detroit, Michigan Local File #1208944, filed December 30, 1967, to local Registrar, Commissioner of Health. A copy of which is attached as Enclosure; and that;

2. The Grantor is of the age of majority; and that;

3. The Grantor's day of birth is December 30, 1967, the same as stated on "**Birth Record**" indicated above; and that;

4. The Grantor's place of birth is near the geographical location commonly known as Detroit, Michigan, and entity formed within the constitutional republic of the United States of America, in an outlying possession of the United States; and that;

5. The Grantor has authenticated the Montgomery: Damon Ramon Estate "**Birth Record**"; and that;

6. The Grantor holds 100% of interest in the property "**Birth Record**" to which this affidavit relates, and that;

7. The Grantor is authorized to accept, receive, and sign on behalf as the Grantor ownership of 100% and that;

8. The Grantor is the holder of all Estate Investment powers, which includes the power to dispose, or to direct the disposition of properties; and that;

9. The Grantor is using this Affidavit to document the status of authenticated register ownership regarding the account of the "**Birth Record**" indicated above, and that;

10. The Grantor by this Affidavit is acting on the authority of the Montgomery: Damon-Ramon (The Estate) as Grantor defined in the Internal Revenue Manual Cat. No. 32186R (10-01-20100, Section 21.7.13.3.2.2(2)); and that;

11. The Grantor authorizes this Affidavit to be provided to any withholding agent that has control, receipt or custody of the profits, proceeds, revenue, or income of which any withholding agent can disburse or make payments of the income to the register owner; and that;

12. The Grantor will submit a new affidavit within 30 days if any certification made on this affidavit becomes incorrect; and that;

13. The Grantor noted this "**Birth Record**" has no Birth No. only a File No., therefore this is not a State register organization entity as presented.

14. The Grantor intends for this claim of interest to supersede and to terminate all other interests, in the property "**Birth Record**" indicated above.

State of Michigan



DEPARTMENT OF STATE NOTARY PUBLIC CERTIFICATION

I, Ruth Johnson, Secretary of State of the State of Michigan and custodian of the Great Seal of the State, hereby certify that, KIMBERLY L SABLE, whose notarization is affixed to the annexed instrument, was on the date thereof the duly elected or appointed and qualified Notary Public in and for the County of WAYNE in this State and all official acts as such should be given full faith and credit in all Courts of Justice and elsewhere.

IN TESTIMONY WHEREOF, I have hereto affixed my signature and Great Seal of the State, at Detroit, this 4th day of August in the year of our Lord two thousand and fifteen.



Ruth A. Johnson

Secretary of State

147854-1-414062-157

This certification attests only to the authenticity of the signature of the official who signed the affixed document, the capacity in which that official acted, and where appropriate, the identity of the seal or stamp which the document bears. This certification is not intended to imply that the contents of the document are correct, nor that they have the approval of the State of Michigan.

I again hereby declare under penalty of perjury that the above information is complete, correct, and true to the best of my knowledge and law.

see

by Montgomery: Damon-Ramon, Grantor 8/4/15
Montgomery: Damon-Ramon, Grantor Date



STATE OF MICHIGAN }
 } ss
COUNTY OF WAYNE }

On August 4, 2015 before me KIMBERLY L. SABLE, "Notary Public", personal appeared before me Montgomery: Damon-Ramon, who proved to me on this basis of satisfactory evidence to be the man whose name is subscribed to within this instrument and acknowledged to me that he executed the same in this authorized capacity and that by this his signature on the instrument, the man acted, executed the instrument.

I certify under **PENALTY OF PREJURY UNDER** the laws of the State of Michigan that the foregoing paragraph is true and correct.

WITNESS my hand and official seal

Signature Kimberly L Sable

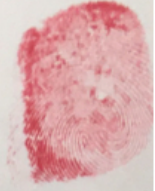
(S)

KIMBERLY L SABLE
Notary Public, State of Michigan
County of Wayne
My Commission Expires 07-16-2021
Acting in the County of _____

I again hereby declare under penalty of perjury that the above information is complete, correct, and true to the best of my knowledge and law.

seal

by Montgomery: Damon-Ramon, Grantor 8/4/15
Montgomery: Damon-Ramon, Grantor Date



STATE OF MICHIGAN }
 } ss
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WITNESS my hand and official seal

Signature Kimberly L Sable

(Seal)

KIMBERLY L SABLE
Notary Public, State of Michigan
County of Wayne
My Commission Expires 07-16-2021
Acting in the County of _____

[Faint signature]

State of Michigan



DEPARTMENT OF STATE STATE REGISTRAR CERTIFICATION

I, Ruth Johnson, Secretary of State of the State of Michigan and custodian of the Great Seal of the State, hereby certify that, Glenn Copeland, whose attestation is affixed to the annexed instrument, was on the date thereof the duly elected or appointed and qualified State Registrar and all official acts as such should be given full faith and credit in all Courts of Justice and elsewhere.

IN TESTIMONY WHEREOF, I have hereto affixed my signature and Great Seal of the State, at Lansing, this 21st day of July in the year of our Lord two thousand and fifteen.



Ruth A. Johnson

Secretary of State

147115-1-412277-OGS

This certification attests only to the authenticity of the signature of the official who signed the affixed document, the capacity in which that official acted, and where appropriate, the identity of the seal or stamp which the document bears. This certification is not intended to imply that the contents of the document are correct, nor that they have the approval of the State of Michigan.



STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH

CERTIFICATE OF LIVE BIRTH

121 - 1208944

Amended

State File Number

1. CHILD'S NAME Damon Ramon Montgomery				
2. SEX Male	3a. PLURALITY - Single, Twin, Triplet, etc. (Specify) Single	3b. IF NOT SINGLE BIRTH - First, Second, Third, etc. (Specify)	4a. DATE OF BIRTH (Month, Day, Year) December 30, 1967	4b. TIME OF BIRTH Not Recorded
5a. CHILD'S BIRTHPLACE (Hospital or Address if other) St. Joseph Mercy Hospital, Detroit			5b. COUNTY Wayne County	
6a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last) Not Recorded		6b. MOTHER'S FULL NAME BEFORE FIRST MARRIED (First, Middle, Last) Vanaster Moore		
7a. STATE OF BIRTH - Name Country if not USA Ohio	7b. DATE OF BIRTH OR AGE 28	7c. COUNTY OF RESIDENCE Wayne	7g. STATE OF RESIDENCE Michigan	
8a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last) Earl Montgomery		8b. STATE OF BIRTH - Name Country if not USA Louisiana	8c. DATE OF BIRTH OR AGE 28	
9a. REGISTRAR'S SIGNATURE \\S\\ John Hanlon			9b. DATE FILED BY LOCAL REGISTRAR - (Month, Day, Year) January 8, 1968	

Amended 10/07/2005 Child's Name.

I hereby certify that this is a true and correct representation of the birth record facts on file with the Michigan Department of Health and Human Services, Division for Vital Records.

Certified by:

Date Issued: July 21, 2015
AFS: 2951273

Glenn Copeland

Glenn Copeland
State Registrar

SP01302205

VRH08511 (12/12) Authority: MCL 333.2682

VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED.

THIS CERTIFICATE OF VITAL RECORD CONTAINS THE FOLLOWING
FEATURES. THESE SECURITY FEATURES MUST BE PRESENT FOR
A VALID, ACCEPTABLE DOCUMENT:

- Watermark Chainlink design
- Fluorescent security fibers
- Full chemical sensitization

IMPORTANT INFORMATION:

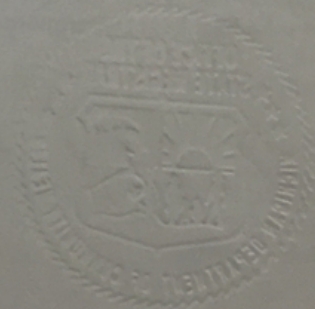
This certificate is a valuable and legal document. Please keep in a safe place.

WARNING:

Obtaining and/or using this document and/or personal identifying information contained on this document with the intent to defraud or commit another unlawful act is prohibited.
(MCL 445.65)

A person shall not willfully and knowingly obtain, possess, use, sell, furnish, or attempt to obtain, possess, use, sell, or furnish to another person, for any purpose of deception, a counterfeited, altered, amended, or mutilated vital record or certified copy thereof.
(MCL 333.2894 (1)(d))

A person shall not make, counterfeit, alter, amend, or mutilate a vital record or report required to be filed under this part with the intent to deceive.
(MCL 333.2894 (2))



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